PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated values of the current correspondence and the patent of the current correspondence address as indicated values of the current correspondence and the patent of the current correspondence and the current of the current of the current correspondence and the current of the current of the current correspondence and the current of the curren

| maintenance fee notificati | ions. | | | | | arate "FEE ADDRESS" for | |
|---|---|---|--|---|--|--|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| 34206 | 7590 07/31 | /2007 | nave | | | | |
| FOGG & POWERS LLC 10 SOUTH FIFTH STREET SUITE 1000 MINNEAPOLIS, MN 55402 | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| MINNEAPOLIS, | , MIN 55402 | | | | | (Depositor's name) | |
| | | | | | : | (Signature) | |
| T | | | | | | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/531,499 11/18/2005 TITLE OF INVENTION: POSITION SENSING APPARATUS AND ME | | | Mark Anthony Howard FHOD | 215.003US01 8127 | | | |
| | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 10/31/2007 | |
| EXAMI | NER | ART UNIT | CLASS-SUBCLASS |] | | | |
| SCHINDLER | , DAVID M | 2862 | 324-207240 | , | | • | |
| 1. Change of corresponder CFR 1.363). | | • | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Fogg & Powers LLC | | | | |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Cy the name of a single firm (having as a member a 2 | | | | | | | |
| LI "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. | cation (or "Fee Address or more recent) attach | " Indication form and. Use of a Customer | registered attorney or a | attorney or agent) and the names of up to d patent attorneys or agents. If no name is ame will be printed. | | | |
| 3. ASSIGNEE NAME AN | ND RESIDENCE DATA | A TO BE PRINTED ON T | THE PATENT (print or typ | oe) | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) TT Electronics Technology Limited United Kingdom | | | | | | | |
| ii Biectionics rechnology Bimited onited Kingdom | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | | |
| 4a. The following fee(s) are submitted: △ 4b. Payment of Fee(s): △ A check is enclosed. | | | | (Please first reapply any previously paid issue fee shown above) sed. | | | |
| Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO 2038 48 attached. | | | | | | | |
| ☐ Advance Order - # | of Copies | | The Director is hereby overpayment, to Depo | authorized to charg | e the required fee(s), any de 502432 (enclose a | eficiency, or credit any in extra copy of this form). | |
| 5. Change in Entity State | us (from status indicated SMALL ENTITY state | | | | L ENTITY status. See 37 C | | |
| | Publication Fee (if req | uired) will not be accepted | d from anyone other than t | | | he assignee or other party in | |
| Authorized Signature / David N. Fogg/ | | | | DateOctober 10, 2007 | | | |
| Typed or printed name David N. Fogg | | | | Registration No. 35138 | | | |
| | - 1,50, | | | | e public which is to file (an inutes to complete, including the second of the product of the product of the second | d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, number. | |